

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>012766</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - HEALTH CAMPUS 100,200,300</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/17/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>AVALON SPRINGS HEALTH CAMPUS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 SILHAVY ROAD VALPARAISO, IN 46383</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 09/17/12</p> <p>Facility Number: 012766 Provider Number: 155795 AIM Number: N/A</p> <p>Surveyor: Robert Sutton, Life Safety Code Specialist Trainee</p> <p>At this Quality Assurance Walk-thru survey, Avalon Springs Health Campus was found in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors with hard wired smoke detectors in the resident rooms. The facility has a capacity of 61 and had a census of 49 at the time of this survey.</p> <p>The facility was in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered. and all areas providing facility services were sprinklered. This Facility had no detached buildings or sheds.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/02/12.</p>	K 000		

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

U13421

If continuation sheet 1 of 1